

African American Women's Perceptions on Access to Food and Water in Flint, Michigan

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ABSTRACT

Objective: To explore the perceptions of food access by African American women in Flint, MI.

Methods: Using womanist theory, in which African American women's experiential knowledge centered the analysis, 8 focus groups were conducted during fall/spring, 2014–2015. Seventeen mothers aged 21–50 years with children aged <18 years and 13 women aged >60 years comprised the groups.

Results: The high cost of water, poor availability of healthy foods in inner-city stores, and limited transportation were barriers to accessing healthy food. Conversely, receiving food from food giveaways, friends, and family, as well as access to transportation facilitated food access. These women also reported discriminatory experiences and diet-related health concerns. Participants were keenly aware of available free community resources and gender, racial, and income barriers to accessing them.

Conclusion and Implications: Understanding these barriers and facilitators provides information to aid local food policy assistance decisions and inform community-based interventions, especially given the lead contamination of water and the purported importance of a healthy diet to sequester lead.

Key Words: community-based research, Flint, MI, focus groups, African American, women, healthy food, water, food access (*J Nutr Educ Behav.* 2017;49:519-524.)

Accepted April 12, 2017.

INTRODUCTION

Inequitable access to resources contributes to food insecurity¹ and has become an important concern in many older industrial cities with shrinking populations,² particularly Flint, MI. Problems of lead contamination in Flint's water since April, 2014³ pose an additional problem for the city. Researchers noted that differential access to healthy foods can contribute to chronic illness⁴⁻⁶ and overall health disparities. For example, fruits and vegetables are an important part of a healthy diet but most Americans do not eat enough of them^{7,8} and this deficiency is associated with diet-

related diseases. Ready access to fruits and vegetables for children could be important in a community with lead contamination because of their purported role in ameliorating lead poisoning⁹ by reducing the body's absorption of lead,¹⁰ although the Centers of Disease Control and Prevention recently questioned this finding.¹¹

A few studies focused on exploring African American individuals' perceptions of the nutrition environment and food access in urban settings.¹²⁻¹⁴ Evidence from qualitative studies showed that perceptions of food stores affected participants' food choices, differing by whether they were urban or rural,¹²

and that participants were dissatisfied with the lack of cleanliness, the poor service, food selection, and quality, and the high prices at local grocery stores.^{14,15} Urban residents must use adaptive strategies to overcome environmental and sociointeractional barriers.¹⁶ African American people who were interviewed in Pittsburgh were mostly dissatisfied with the quality of food, selection of produce, and perceived unjustified price disparities among local chain supermarkets.¹⁷ Such studies revealed that African American people in urban environments perceived barriers to healthy foods to be issues with food safety, price, availability, quality, and transportation. However, none of the studies was guided by womanist theory, which places African American women's ideas, knowledge, and experiences at the center of the analysis, and which could provide a new interpretation regarding their lives.

Two research questions were addressed in this study for the city of Flint, MI: What experiences impede and complicate acquisition of healthy food and thus its consumption? What factors improve access to a variety of healthful foods for African American women? The focus of this study was on 2 groups of African American

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Conflict of Interest Disclosure: The authors' conflict of interest disclosures can be found online with this article on www.jneb.org.

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<http://dx.doi.org/10.1016/j.jneb.2017.04.002>

women in Flint who were considered to be vulnerable to food insecurity: women with children in the household and women aged ≥ 60 years.

This qualitative study focused on selected dimensions of womanism (lived experience as criteria of meaning, use of dialogues in assessing knowledge claims, intersectional discrimination, and ethics of personal accountability) to privilege the voices of urban, African American women.¹⁸ Use of womanist theory recognizes women as the primary providers and gatekeepers of food for their families.¹⁹ Their experiences are shaped not just by race but also by the intersections of their location, social class, and sexual orientation.²⁰ Intersectionality describes the intersection of forms/systems of oppression/discrimination for African American women including, but not limited to, race and gender that conflate their experiences.²¹ Thus, intersectional discrimination describes participants' perceptions of being discriminated against based on at least race/ethnicity, intersecting with gender, age, sexual orientation, and religious practice.

METHODS

Study Design

The selected dimensions of womanist theory described earlier were used here. Qualitative methods were employed to allow respondents to express themselves in their own words and their own logic.

Sample

Eligibility included being an African American mother aged 21–50 years with children aged ≤ 18 years in the household, or a senior African American woman aged ≥ 60 years. All resided within the city of Flint. After the researchers obtained written approval from Michigan State University's Institutional Review Board, they used multiple recruitment methods. Focus groups were conducted in fall, 2014 to spring, 2015 immediately preceding the discovery of high lead levels from residents' homes in February.²²

Purposive recruitment occurred via the community partner *edible flint* (proper name is lowercase) and Community Based Organization Partners (CBOP). Members of *edible flint* and

CBOP made announcements during monthly and biweekly meetings, sent fliers via their listserv, and posted fliers announcing the study in the community. Participants were also recruited through snowball sampling from focus group participants, who were encouraged to recruit others. Such methods yielded 4 focus groups of women ($n = 17$) aged 21–50 years with children aged ≤ 18 years and another 4 focus groups of senior African American women aged ≥ 60 years ($n = 13$). The total sample consisted of 30 African American women; recruitment stopped when participants provided no new insights.

Data Collection and Analysis

The 2 interview guides were pilot-tested first with 2 different individuals from each age group; minor edits were made for clarification. Guides were developed using womanist theory and feedback from community partners. After participants signed consent forms, the first author, an African American woman, moderated all focus groups. The moderator was trained in qualitative research methods and had experience moderating focus groups and focus group note taking. Table 1 provides focus group questions. Participants received a \$20 incentive upon completion.

Focus group discussions were audio recorded using 2 recorders and were fully transcribed. Atlas.ti qualitative data management software (version 7.5.6, Atlas.ti GmbH, Berlin, Germany, 2014) was used to code and analyze the transcripts. Initial codes were identified and grouped into categories, and then common themes were identified across the categories through the lens of a womanist inquiry.

To enhance validity, 2 coders were used. The second coder, also a coauthor, was a qualitative methodologist. Concurrent coding occurred after the first 3

focus groups, in which the researcher and the expert coder read through and coded transcripts of these focus groups separately. Both found similar themes in the data. Both coders understood womanist theory and the first author, the African American woman's experience. The addition of a second expert coder provided objectivity and a knowledgeable perspective as a woman with regard to womanist theory.

In addition to 2 coders, the researcher took various steps to enhance the trustworthiness of this study. Trustworthiness included prolonged engagement, theoretical sensitivity, thick description, and use of key informants. Prolonged engagement entailed active involvement with the community collaborative *edible flint* Access and Education Workgroup. Theoretical sensitivity entails the ability to apply meaning to data per the research questions and theoretical framework, and to isolate pertinent data.

RESULTS

Data saturation was achieved with the fourth focus group for each age group of women. Table 2 describes participants' characteristics by group. It is notable that the older women appeared to be slightly better educated than those who were younger.

Theme 1: Barriers and Facilitators to Food Access

Barriers and facilitators described the perceived positive and negative experiences women had navigating the food environment. Those experiences centered on the accessibility of potable water, food stores, free food access, and the role of transportation. Experiences of discrimination described their perception of treatment based on a myriad of identities. Health concerns involved

Table 1. Focus Group Questions for 2 Groups of African American Women With Limited Resources Living in Flint, MI

Item

- Tell me about how you go about putting food on the table in this town.
- How does being a woman relate to getting food for your family in Flint?
- What are some barriers to accessing food for yourself and your family?
- What helps you put food on the table for your family?
- What changes would you like to see in your community with regard to getting food?

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